plication of Docket Number												ber
PATENT APPLICATION FEE DETERMINATION RECORD 09/843,530												•
Effective October 1, 2000 / F/03y - 004												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small ei Type [YIIIY	OR	OTHER SMÅLL	
TC	TAL CLAIMS		24					RATE	FEE		RATE	FEE
FO)A		NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	Basic Fee	710.00
то	TAL CHARGEA	BLE CLAIMS	24 minus 20=		• 4			X\$ 9=	36	OR	X\$18=	34
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	•			X40=		OR	X30=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=			+270=	
. H	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	291	OR	TOTAL	Stel 14
Claims as amended - part II								TOTAL	<u> </u>	Jon	OTHER	THAN
	(Column 1) (Column 2) (Co							SMALL	ENTITY	OR	SMALL	ENTITY
TA		CLAIMS REMAINING AFTER		HIGH NUM PREVK	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL,
E S		AMENDMENT			FOR/				FEE			FEE/
2	Total	· <i>3</i> 5	Minus	"0	<u>4</u>	- (. X\$.9≖	25	OR	X\$18=	
AMENDMENT	Independent • 4 Minus			3 - 1				X40=	100n	OR	X80=	
نا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	DV	OR	+270=	
								TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3							ADDIT. FEE	1000	ŋ • : · .	ADDIT FEE	<u> </u>
8		CLAIMS REMAINING	Ϊ.	HIGH	ESI	T T			ADDI	İ		ADDI-
		AFTER AMENDMENT		PREVI		PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	. 25	Minus	2	4.	= /		X\$ 9≈		OR	X\$18=	
BE	Independent	. 4	Minus	•••	3	-/		X40=		ОЯ	X80=	
	FIRST PRESE	NTATION OF MI	LTIPLE DEPENDENT CLAIM			/ D_		+135=			+270=	·
	•		•			/		TOTAL		OR	TOTAL	
	•							ADDIT. FEE		OR	ADDIT. FEE	8
	(Column 1) . (Column 2) (Column 3) CLAIMS HIGHESY									1 1		V
AMENDWENT C	_	REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Dead	Total	• ·	Minus	••		=		X\$ 9=	155	OR	X\$18=	· i
SE SE	Independent	•	Minus	***		=		X40=			X80=	
A	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			7405		OR	*	
A Milha and a la and and a la and and a la and a								+135=		OR	+270=	
-	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE	
	The "Highest Num	imber Previously Pa inber Previously Pa	d For (Total o	r Independ	ent) is the	a highest numbe	er fou	and in the ap	propriate bo	x in co	lumn 1.	•

FORM PTO-078 (Raw, 9/00)